

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OKLAHOMA**

(1) John James Fearly, )  
                            )  
                            )  
Plaintiff,             )  
                            )  
vs.                      )                          **Case No. 12-cv-00477-CVE-TLW**  
                            )  
(1) America's Recovery Solutions, LLC,     )  
an Ohio Limited Liability Company,         )  
                            )  
Defendant.             )

**SUPPLEMENTAL CERTIFICATE OF SERVICE**

The undersigned hereby states that on October 25, 2012, he mailed the Motion for Default Judgment filed October 25, 2012 [Document No. 9] by first class, U. S. Mail and also by certified mail, return receipt requested, on the following, who are not registered participants on the ECF system and obtained service as reflected in the green card receipts attached hereto:

America's Recovery Solutions, LLC  
c/o Incorp Services, Inc.  
9435 Waterstone Boulevard, Suite 140  
Cincinnati, OH 45249

America's Recovery Solutions, LLC  
Attn: Skip Foster, President & CEO  
7550 Lucerne Drive, Suite 207  
Middleburg Heights, OH 44130

America's Recovery Solutions, LLC  
Attn: Ed Heartstedt  
7550 Lucerne Drive, Suite 207  
Middleburg Heights, OH 44130

Respectfully submitted,

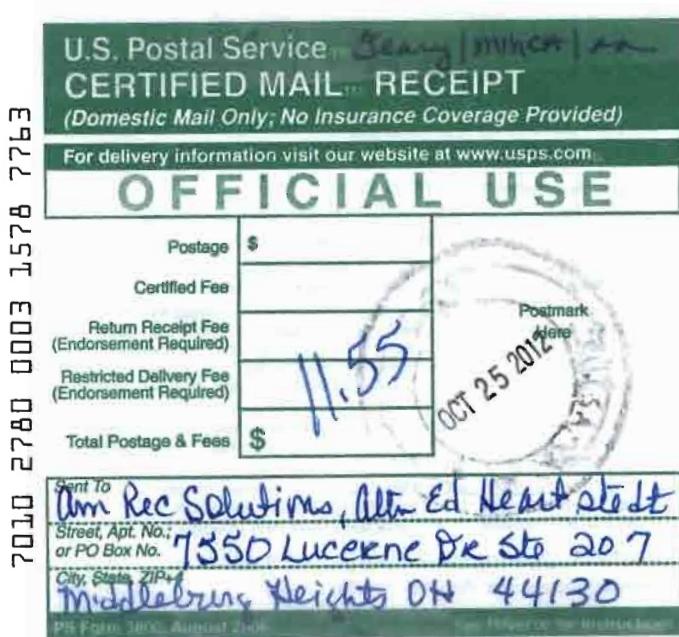
**MorrelSaffaCraig, P.C.**

*/s/Mark A. Craig*  
**Mark A. Craig**, OBA No. 1992  
3501 South Yale Avenue  
Tulsa, Oklahoma 74135-8014  
918.664.0800 Telephone Number  
918.663.1383 Facsimile Number  
email address: mark@law-office.com  
*Attorney for Plaintiff, John J. Fearly*



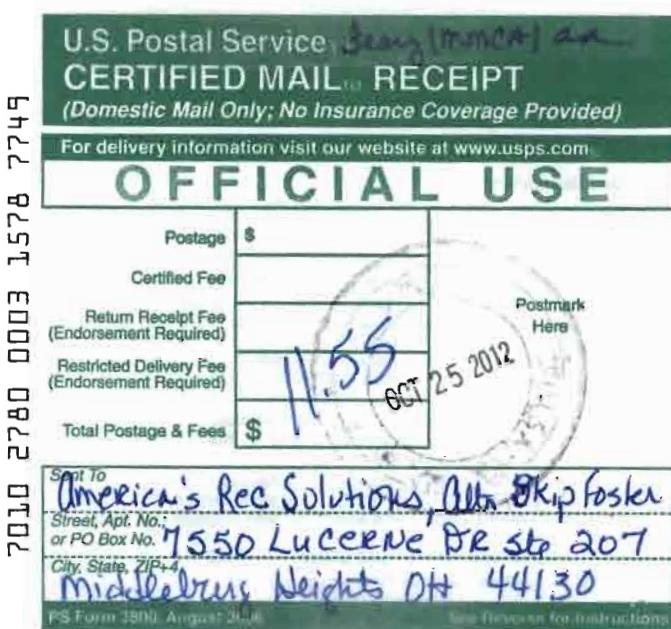
<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Paula Reel <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Paula Reel</b> C. Date of Delivery <b>10-29-12</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:  <b>America's Recovery Solutions  C/o Incorp Sucs Inc LLC  9435 Waterstone Blvd  Ste 140  Cincinnati OH 45249</b></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number  <i>(Transfer from service label)</i></p>		<p>7010 2780 0003 1578 7756</p>	

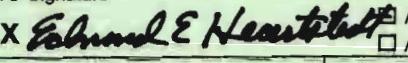
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540



<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>			
1. Article Addressed to: <i>America Recovery Solutions LLC          Attn Ed Heartstelt          7550 Lucerne Dr. Ste 207          Middleburg Heights OH 44130</i>		A. Signature <i>Eckmund E. Heartstelt</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <b>HEARTSTELT</b> C. Date of Delivery <b>10/29/12</b> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number <i>(Transfer from service label)</i>		<b>7010 2780 0003 1578 7763</b>	

PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540



<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
1. Article Addressed to: <b>America's Recovery Solutions LLC          Attn Skip Foster, Pres/CEO          7550 Lucerne Dr Ste 207          Middleburg Heights OH 44130</b>		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <b>HEARTSTEIN</b> C. Date of Delivery <b>10/29/12</b> D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number: <small>(Transfer from service label)</small>		<b>7010 2780 0003 1578 7749</b>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	